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Risks of unfavourable clinical outcomes in patients with first diagnosed stroke-associated atrial fibrillation

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Abstract

© 2018, Pharmainfo Publications. All rights reserved. Background—Atrial fibrillation (AF) is the most common arrhythmia often associated with cardioembolic stroke. Hypothesis—We investigated cases of AF first diagnosed (fdAF) in the acute phase of stroke.This type of AF might be common, and might suggest poor prognosis for patients. Methods— Following screening (n=1291) 661 patients with AF and a history of stroke were enrolled in this open-label, prospective study; patient average age was 68.0 years. Results—A high level of co-morbidity was observed: hypertension (in 100% of patients), ischemic heart disease (in 61.4% of patients), diabetes mellitus (in 52.3% of patients), and chronic kidney disease (in 32.1% of patients). In 154 (23.3%) patients AF was first diagnosed at the onset of cardioembolic stroke. The HAS-BLED score, age, hypertension and ischemic heart disease rates among these patients were comparable with the rest of the group; however, the percentage of patients with chronic kidney disease, diabetes mellitus or myocardial infarction was significantly higher. The highest one-year death rate was seen in patients with fdAF (death reported in 46 [29.9%] patients). The age of patients with fdAF who died was significantly higher, and their neurological disorders were more severe. Conclusions—The results show a high rate of fdAF and its poor prognosis in patients with cardioembolic stroke. Thus, the term “first diagnosed stroke-associated atrial fibrillation” seems relevant. The described condition has a negative predictive value, and is also associated with high co-morbidity burden in patients with fdAF.

Keywords

Anticoagulant treatment, Arterial stiffness, Atrial fibrillation, Cardioembolic stroke, Endothelial dysfunction, Novel oral anticoagulants (NOACs)

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